

Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

January 30, 2015

ARTOSS GmbH Dr. Walter Gerike Managing Partner Friedrich-Barnewitz-Str.3 18119 Rostock Germany

Re: K141189

 $Trade/Device\ Name:\ NanoBone^{\circledR}\ bone\ graft\ substitutes-NanoBone^{\circledR}\ |\ granulate$

Regulation Number: 21 CFR 888.3045

Regulation Name: Resorbable calcium salt bone void filler device

Regulatory Class: Class II Product Code: MQV

Dated: December 22, 2014 Received: January 7, 2015

Dear Dr. Gerike:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing

(21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<u>http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm</u> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson -S

Mark N. Melkerson Director Division of Orthopedic Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017

indications for Use	See PRA Statement below.
510(k) Number (if known) K141189	
Device Name NanoBone® bone graft substitutes - NanoBone® granulate	
Indications for Use (Describe)	WHEN THE PROPERTY OF THE PARTY
NanoBone® bone graft substitutes are intended for use as bone void fillers for voids stability of the bony structure. NanoBone® bone graft substitutes are indicated for a created osseous defects or osseous defects resulting from traumatic injury to the bonare intended to be packed into bony voids or gaps of the skeletal system as a bone void filler that resorbs and is replaced by bone during	use in the treatment of surgically ne. NanoBone® bone graft substitutes oid filler (i.e., extremities and pelvis).
Type of Use (Select one or both, as applicable)	NAME OF TAXABLE PARTY OF TAXABLE PARTY.

CONTINUE ON A SEPARATE PAGE IF NEEDED.

Prescription Use (Part 21 CFR 801 Subpart D)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

Over-The-Counter Use (21 CFR 801 Subpart C)

NanoBone®

510(k) Summary

(as required by 21 CFR 807.92)

NanoBone® bone graft substitutes NanoBone® | granulate

510(k) K141189

Submitter	ARTOSS GmbH
	Friedrich-Barnewitz-Staβe 3
	18119 Rostock, Germany
	Telephone: +49 (0) 381 5 43 45 - 701
	Fax: +49 (0) 381 5 43 45 - 702

Contact Person	Walter Gerike
	Managing Partner
	ARTOSS GmbH
	<u>gerike@artoss.com</u>

Date Prepared	28 January 2015
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Trade Name	NanoBone® granulate
Common Name	Bone Void Filler
Classification	Resorbable calcium salt bone void filler
Name	(21 CFR 888.3045, Product Code MQV)
Class	Class II

Predicate	Actifuse™ Bone Graft Substitute, K040082, K082575
Devices	NovaBone, NovaBone AR, K060432, K041613

Intended Use

NanoBone® bone graft substitutes are intended for use as bone void fillers for voids or gaps that are not intrinsic to the stability of the bony structure. NanoBone® bone graft substitutes are indicated for use in the treatment of surgically created osseous defects or osseous defects resulting from traumatic injury to the bone. NanoBone® bone graft substitutes are intended to be packed into bony voids or gaps of the skeletal system as a bone void filler (i.e., extremities and pelvis). This product provides a bone void filler that resorbs and is replaced by bone during the healing process.

Description

NanoBone consists of phase-pure non-sintered nanocrystalline osteoconductive hydroxylapatite (HA) embedded in a highly porous silica gel matrix. The interconnected and open porous structure of NanoBone is similar to human cancellous bone. NanoBone is available as an irregular granulate.

Technological Characteristics - Comparison to Predicate Devices

The NanoBone and its predicates have the same intended use, to fill bony voids and gaps that are not intrinsic to the stability of the bony structure. These defects may be surgically created osseous defects or those created from traumatic injury to the bone.

All forms of the NanoBone material have the same the same indications, contraindications, risks and potential adverse events as the predicate devices. The NanoBone products have the same basic technologies and are composed of equivalent materials.

Performance Data

Bench testing has shown the NanoBone products meet the requirements of all relevant requirements for Calcium Salt Bone Void Fillers, including ASTM F1185.

Additional testing was performed to characterize and evaluate the performance of the NanoBone products. This testing included:

- Chemical / elemental analysis
- Phase purity / XRD
- Dissolution testing
- Animal testing
- Biocompatibility testing
- Sterilization validation

Animal testing was performed to demonstrate substantial
equivalence including determination of radiographic, histologic
and histomorphometric characteristics of the subject device and
the controls in a critical-sized defect model in the sheep tibia.
The study time points included 6 weeks, 12 weeks, and 26
weeks. Autograft bone filled defects (positive control) and empty
unfilled defects (negative control) also were evaluated at these
same time points.

Conclusion	The NanoBone® granulate has the same intended use and
	similar technological characteristics as the predicate devices.
	Performance data demonstrates that the product performs as
	intended, and is substantially equivalent to its predicates.